



North Adams Community Schools

625 Stadium Dr.
Decatur, IN 46733

Excellence: Teach it, Model it, Inspire it, Achieve it!

KINDERGARTEN DENTAL EXAMINATION

Name _____ Date of Birth _____

Address _____ Date _____

Please check the appropriate spaces:

Gingiva: Inflamed _____ Normal _____ Other _____

Prophylaxis and Fluoride Treatment: Date of last _____

Caries, Deciduous Teeth: Yes _____ No _____

Occlusion: Class I _____ Class II _____ Class III _____

Home Care: Good _____ Poor _____

Habits detrimental to oral health: Yes _____ No _____

Please specify _____

Encircle abnormalities noticed in oral cavity: Throat, Tongue, Lips, Palate, Missing Teeth,

Abscess, Other (explain) _____

Dentist Signature _____ Date _____

Address _____

TO PARENTS: THIS FORM IS TO BE COMPLETED BY YOUR DENTIST AND RETURNED TO THE SCHOOL NURSE.

Local dentists will provide free dental exams for children entering kindergarten. Please call your dentist and explain that you are making an appointment for a kindergarten exam.

Free dental exams do not include any X-ray or dental work. If the exam indicates a need for these services and the services are performed, parent(s) will be responsible for payment. **IF YOUR CHILD HAS HAD A DENTAL EXAM WITHIN THE LAST YEAR, TAKE THIS FORM TO YOUR DENTIST FOR COMPLETION.**